The Role of Professional Development in Improving the Quality of Care

History of American Improvements in Quality Health Care

1. **Flexner – 1911**: Variation in structure and process of medical education
2. **State Licensure**: initially to control trade; since 1980s linked to CME (now requiring 50 hrs/yr)
3. **National Societies**: Board Certification
4. **CME**: 1960’s and on

Barbour's Theories of Learning #1

1. **Most learning in clinical practice centers around the LCP.**

   (LCP = Last Case Phenomenon)

2. **Most learners are ego-centric so teaching must address *their* experiences and must answer their questions.**

3. **Best teaching will involve a focus on the right questions rather than the 'right' answers.**

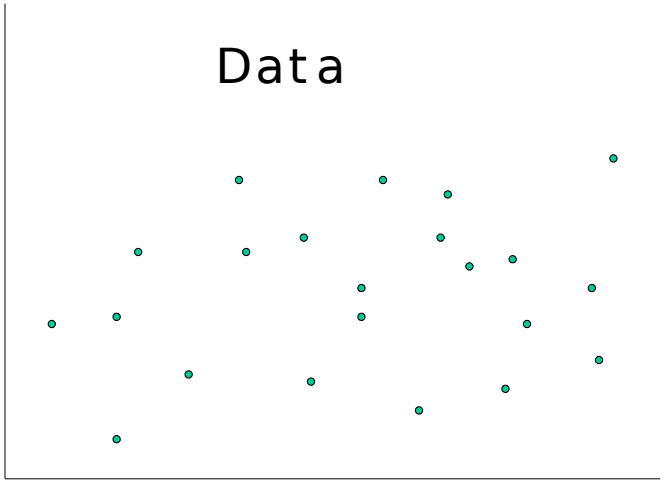
Barbour's Theories of Learning #2

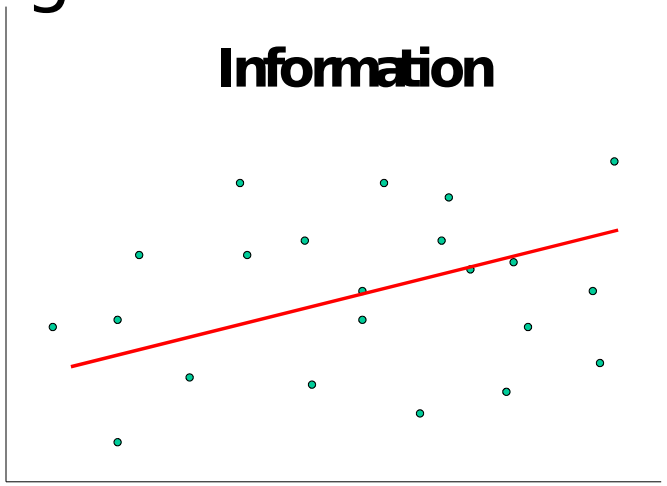
1. **You don't learn much when you're right and you know you're right.**
2. **You learn a little when you're wrong and you know you're wrong.**
3. **You can learn a whole lot when you're wrong and you think you are right.**

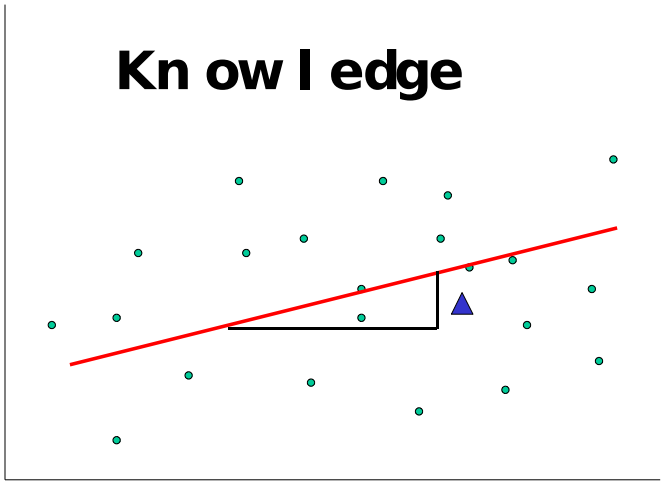
Barbour's Theories of Learning #3

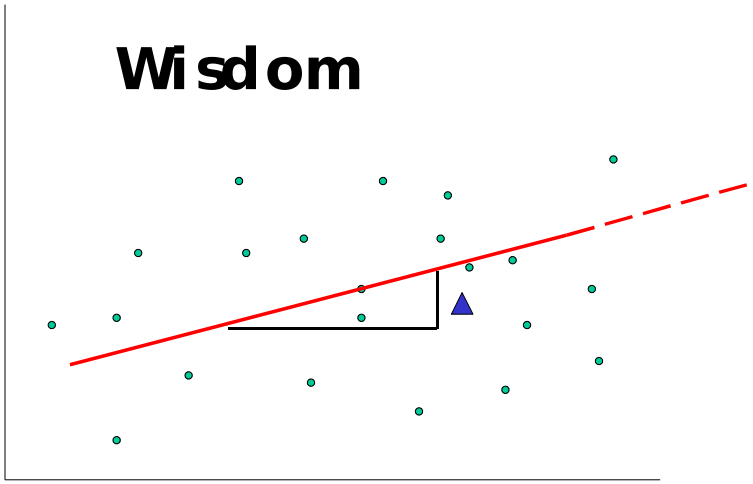
1. **Most organized learning is *dis-connected* from what we are doing – and usually forgotten.**
2. ***Connected* learning is more likely to be remembered.**
3. ***On-line* learning allows us to learn <u>and</u> to avoid mistakes simultaneously.**

Barbour's Theories of Learning #4

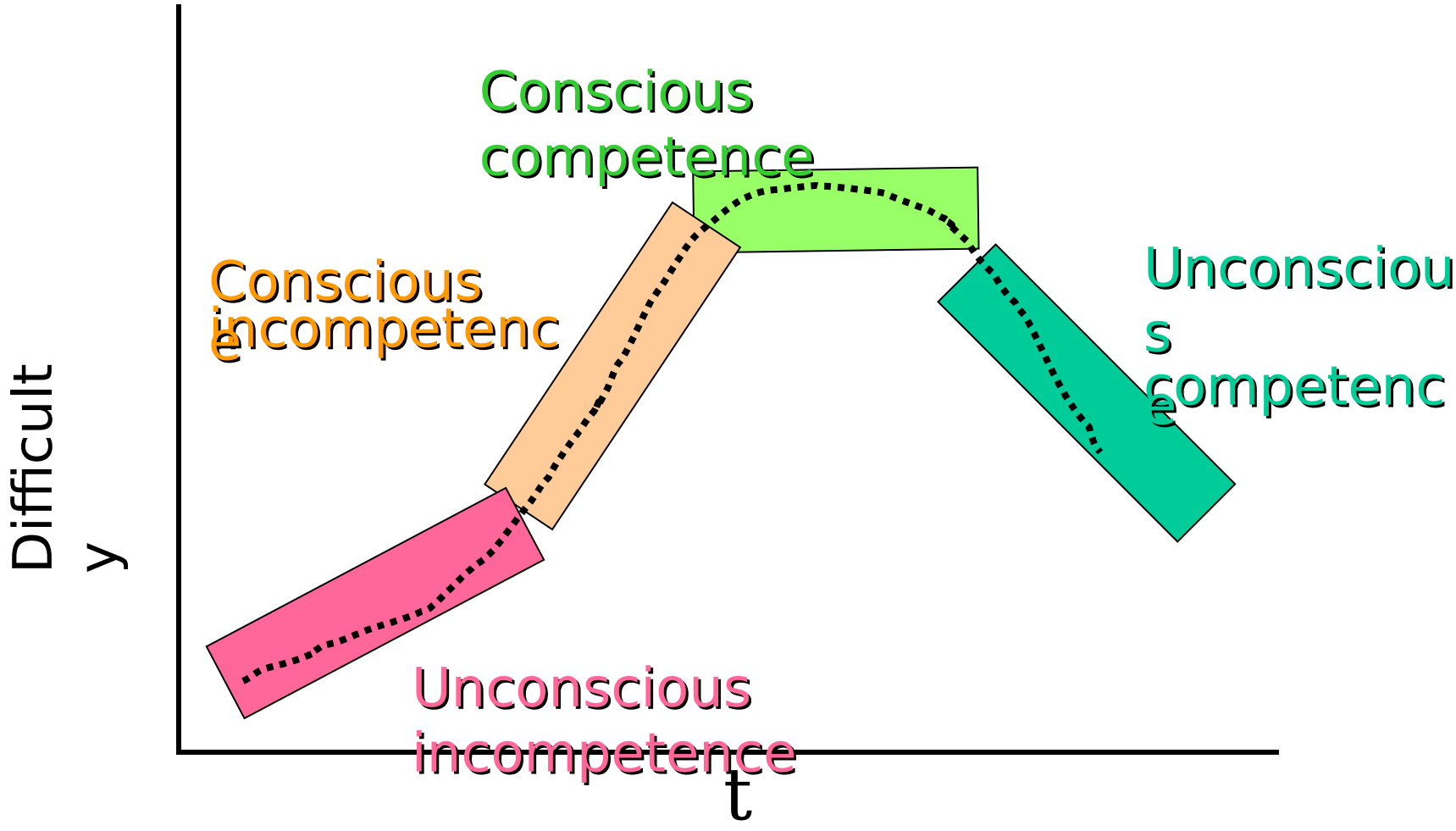








Barbour's Theories of Learning #5



Barbour's Theories of Learning #6

Measurement of 'learning' is difficult and rarely done. What is done is:

1. ***Feedback*** **from students obtained.**
2. ***Pre-post Testing*** **may be done but is usually limited to the immediate post-learning time.**
3. ***Behavior*** **(changed) is potentially observable at later dates (usually not done).**

Barbour's Theories of Learning #7

The push for 'updating' physicians (*translation: changing their behavior*) led to research that rediscovered adult learning concepts:

1. **Get them involved**
2. **Answer their questions**
3. **Make it interactive**
4. **Use role models**

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CME:

Locally developed program

‘Imported’ programs (Industry supported)

Attractive Off-sites

Academic detailing

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5. **Hospitals**: Use of C&P to control staff & quality
6. **Feedback**: Use of LDBs and comparative data

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Summary:

External loci of control are ineffective.

Real change is driven from within.

The change needs to be made in the training of health care providers

– not re-training.